

Foster Family Home - Corrective Action Report

Provider ID: 1-527872

Home Name: Marlon Manuel, CNA

94-1114-B Lumikuke Place

Waipahu HI 96797

Review ID: 1-527872-9

Reviewer: Maribel Nakamine

Begin Date: 10/23/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

CCFFH recertification for a 3 person CCFFH completed.

CCFFH is in compliance with all requirements. CCFFH will receive a 3 bed certification.

Maribel Nakamine

Compliance Manager

[Signature]

Primary Care Giver

10/23/2020

Date

10/23/2020

Date